



**DEPARTMENT OF THE ARMY**  
**410<sup>th</sup> CONTRACTING SUPPORT BRIGADE**  
**4130 STANLEY ROAD, SUITE 320**  
**FORT SAM HOUSTON, TEXAS 78234-6102**

REPLY TO  
ATTENTION OF:

July 9, 2013

Office of Chief Counsel

Mr. Michael Morisy  
MuckRock News  
DEPT MR 3356  
PO Box 55819  
Boston, MA 02205-5819  
[3356-26861561@requests.muckrock.com](mailto:3356-26861561@requests.muckrock.com)

Dear Mr. Morisy:

On June 7, 2013, Mr. Marco Villabos, the United States Southern Command Freedom of Information (FOIA) Officer, referred your request to our office for processing.

In it, you requested copies of contracts with Booz Allen Hamilton over the past 5 years and any final reports generated and delivered by Booz Allen Hamilton to the agency over the past 5 years.

Your FOIA request has been assigned control number FA-13-0003.

On June 11, 2013, we acknowledge receipt of the FOIA referral and raised initial matters with you. In particular, we asked if you would you accept a copy of any contract we locate with G&A, Unit and CLIN pricing redacted? We also asked that you limit your request to responsive documents within our custody and control as we have no access to contracts awarded by or in the control of another contract agency. We also granted your request for a fee waiver. You have not responded to our June 11, 2013 letter.

As the Initial Denial Authority's (IDA) delegee for government records within the 410th Contracting Support Brigade, I have determined those parts of the responsive material pertain to General & Administrative (G&A) expenses, and unit and Contract Line Item Number (CLIN) pricing are entitled to protection under FOIA Exemption (b)(4) consistent with the courts' decisions in *Essex Electro Engineers, Inc., v. United States Secretary of the Army*, Civil Civil Case No. 09-372 (RJL), United States District Court, District of Columbia, February 26, 2010 and *McDonnell Douglas v. NASA*, No.98-5251 (June 25, 1999). In contrast to the contract at issue in *McDonnell Douglas v. NASA*, No.98-5251 (June 25, 1999), the responsive contract was not based on multiple factors, which would dilute the price factor. Rather, it was a simple Lowest Price/Technically Acceptable-awarded contract divided into a discrete Contract Line

Item Numbers (CLIN). As a result, with unit pricing, one can easily estimate the exertion the contractor would have to assert against each CLIN. This information could cause a competitive disadvantage to the awardee. The material being denied does not contain meaningful portions that are reasonably segregable. I have also determined that the personal identification of contractor employees warrants protection to protect their personal privacy under FOIA Exemption (b)(6). Finally, we have no other records of a copy awarded by us to Booz Allen Hamilton in the past five years.

Attached are the redacted documents responsive to your request.

You are advised that if you desire to appeal this decision, you should do so by filing it through us to the appellate authority. It must reach us no later than 60 calendar days after the date of this letter. We will forward it to the appellate authority. At the conclusion of the 60 day period, we will consider the matter closed; however, such closure does not preclude you from filing litigation.

A handwritten signature in black ink, appearing to read 'M. Leavitt', with a stylized flourish at the end.

Mary A. Leavitt  
Major, U.S. Army  
Initial Denial Authority Delegee

| <b>ORDER FOR SUPPLIES OR SERVICES</b>                                                                                                                                                                                                   |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 | PAGE 1 OF 9                                                                                                                                       |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. CONTRACT/PURCH. ORDER/<br>AGREEMENT NO.<br>DABK01-03-D-0004                                                                                                                                                                          |  | 2. DELIVERY ORDER/ CALL NO.<br>Z20101              |  | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2007 Sep 26                                                                                                    |                                                                                                         | 4. REQ / PURCH. REQUEST NO.<br>See Schedule                                                                                         |                                 | 5. PRIORITY                                                                                                                                       |                     |
| 6. ISSUED BY<br>ARMY CONTRACTING AGENCY-THE AMERICAS<br>2450 STANLEY ROAD<br>STE 320<br>FORT SAM HOUSTON TX 78234                                                                                                                       |  |                                                    |  | 7. ADMINISTERED BY (if other than 6)<br><br><b>SEE ITEM 6</b>                                                                                         |                                                                                                         | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br><br>(See Schedule if other) |                                 |                                                                                                                                                   |                     |
| 9. CONTRACTOR<br>CODE W912CL<br>BOOZ-ALLEN-HAMILTON<br>LEE BALES<br>AND 8283 GREENSBORO DRIVE<br>ADDRESS MCLEAN VA 22102-3838                                                                                                           |  |                                                    |  | FACILITY                                                                                                                                              |                                                                                                         | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><b>SEE SCHEDULE</b>                                                             |                                 | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                     |
|                                                                                                                                                                                                                                         |  |                                                    |  |                                                                                                                                                       |                                                                                                         | 12. DISCOUNT TERMS<br>Net 30 Days                                                                                                   |                                 | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Item 15                                                                                          |                     |
|                                                                                                                                                                                                                                         |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| 14. SHIP TO<br>US ARMY SOUTH DCSENG<br>NICOLAAS DEGREEF<br>2450 STANLEY ROAD<br>BLDG 1000 ROOM 311<br>FORT SAM HOUSTON TX 78234-6102                                                                                                    |  |                                                    |  | 15. PAYMENT WILL BE MADE BY<br>CODE HQ0301<br>DFAS-OPLOC, ORLANDO<br>VENDOR PAY<br>P.O. BOX 931100<br>2500 LAKEMONT AVENUE<br>ORLANDO FL 32893-0100   |                                                                                                         | <b>MARK ALL<br/>PACKAGES AND<br/>PAPERS WITH<br/>IDENTIFICATION<br/>NUMBERS IN<br/>BLOCKS 1 AND 2.</b>                              |                                 |                                                                                                                                                   |                     |
| 16. TYPE OF ORDER                                                                                                                                                                                                                       |  | DELIVERY/ CALL <input checked="" type="checkbox"/> |  | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
|                                                                                                                                                                                                                                         |  | PURCHASE <input type="checkbox"/>                  |  | Reference your quote dated<br>Furnish the following on terms specified herein. REF:                                                                   |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| NAME OF CONTRACTOR                                                                                                                                                                                                                      |  |                                                    |  | SIGNATURE                                                                                                                                             |                                                                                                         | TYPED NAME AND TITLE                                                                                                                |                                 | DATE SIGNED<br>(YYYYMMDD)                                                                                                                         |                     |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                                                                                |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE                                                                                                                                                                                        |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| <b>See Schedule</b>                                                                                                                                                                                                                     |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| 18. ITEM NO.                                                                                                                                                                                                                            |  | 19. SCHEDULE OF SUPPLIES/ SERVICES                 |  |                                                                                                                                                       | 20. QUANTITY ORDERED/ ACCEPTED*                                                                         |                                                                                                                                     | 21. UNIT                        | 22. UNIT PRICE                                                                                                                                    | 23. AMOUNT          |
|                                                                                                                                                                                                                                         |  | <b>SEE SCHEDULE</b>                                |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                                                                  |  |                                                    |  | 24. UNITED STATES OF AMERICA<br>TEL: 210-295-6070<br>EMAIL: charles.blakeslee@us.army.mil<br>BY: CHARLES BLAKESLEE                                    |                                                                                                         |                                                                                                                                     |                                 | 25. TOTAL<br>\$155,138.20                                                                                                                         |                     |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED                                             |  |                                                    |  | <i>Charles Blakeslee</i><br>CONTRACTING / ORDERING OFFICER                                                                                            |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                    |  |                                                    |  | c. DATE<br>(YYYYMMDD)                                                                                                                                 |                                                                                                         | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                   |                                 |                                                                                                                                                   |                     |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                              |  |                                                    |  |                                                                                                                                                       | 28. SHIP NO.                                                                                            | 29. DO VOUCHER NO.                                                                                                                  | 30. INITIALS                    |                                                                                                                                                   |                     |
| f. TELEPHONE NUMBER                                                                                                                                                                                                                     |  | g. E-MAIL ADDRESS                                  |  |                                                                                                                                                       | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                      | 32. PAID BY                                                                                                                         | 33. AMOUNT VERIFIED CORRECT FOR |                                                                                                                                                   |                     |
| 36. I certify this account is correct and proper for payment.                                                                                                                                                                           |  |                                                    |  |                                                                                                                                                       | 31. PAYMENT                                                                                             |                                                                                                                                     | 34. CHECK NUMBER                |                                                                                                                                                   |                     |
| a. DATE<br>(YYYYMMDD)                                                                                                                                                                                                                   |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER       |  |                                                                                                                                                       | <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |                                                                                                                                     | 35. BILL OF LADING NO.          |                                                                                                                                                   |                     |
|                                                                                                                                                                                                                                         |  |                                                    |  |                                                                                                                                                       |                                                                                                         |                                                                                                                                     |                                 |                                                                                                                                                   |                     |
| 37. RECEIVED AT                                                                                                                                                                                                                         |  | 38. RECEIVED BY                                    |  | 39. DATE RECEIVED<br>(YYYYMMDD)                                                                                                                       |                                                                                                         | 40. TOTAL CONTAINERS                                                                                                                | 41. S/R ACCOUNT NO.             |                                                                                                                                                   | 42. S/R VOUCHER NO. |



## Section B - Supplies or Services and Prices

| ITEM NO                            | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                   | QUANTITY | UNIT | UNIT PRICE | AMOUNT  |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------|---------|
| 0001                               | DCS Engineer Technician Services<br>FFP<br>Engineering Technician Support Services for DCSENG Exercise Division<br>Each = Month<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: W903YA72426001                                                                                                                      | 9.67     | Each | (b) (4)    | (b) (4) |
| NET AMT                            |                                                                                                                                                                                                                                                                                                                     |          |      |            | (b) (4) |
| ACRN AB<br>CIN: W903YA724260010001 |                                                                                                                                                                                                                                                                                                                     |          |      |            | (b) (4) |
| ITEM NO                            | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                   | QUANTITY | UNIT | UNIT PRICE | AMOUNT  |
| 0002                               | TRAVEL<br>COST<br>Travel for contractor personnel on contract. All costs for approved travel shall be reimbursed in accordance with the Joint Travel Regulations. The DCAA approved G&A rate is (b) (4). Only DCAA approved G&A rates are allowable.<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: W903YA72426001 |          | Each |            | (b) (4) |
| ESTIMATED COST                     |                                                                                                                                                                                                                                                                                                                     |          |      |            | (b) (4) |
| ACRN AA<br>CIN: W903YA724260010003 |                                                                                                                                                                                                                                                                                                                     |          |      |            | (b) (4) |

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                                                                        | QUANTITY | UNIT | UNIT PRICE     | AMOUNT  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|----------------|---------|
| 0003    | DELIVERABLE<br>COST<br>Contractor shall provide a mobilization plan detailing how and when employee will be hired and start actual hands on performance. This plan is due no later than 29 September 2007<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: W903YA72426001 |          | Each |                | (b) (4) |
|         |                                                                                                                                                                                                                                                                          |          |      | ESTIMATED COST | (b) (4) |
|         | ACRN AA<br>CIN: W903YA724260010002                                                                                                                                                                                                                                       |          |      |                | (b) (4) |

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                        | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------|--------|
| 0004    | Contractor Performance Reporting<br>FFP<br>Contractor Manpower Reporting shall be accomplished in accordance with Section B.3 of the basic contract.<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: W903YA72426001-0001 | 1        | Each |            | NSP    |
|         |                                                                                                                                                                                                                          |          |      | NET AMT    |        |
|         | ACRN AB<br>CIN: W903YA72426001004                                                                                                                                                                                        |          |      |            | \$0.00 |

| ITEM NO                            | SUPPLIES/SERVICES                                                                                                                                                                                                                             | QUANTITY | UNIT   | UNIT PRICE | AMOUNT  |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|------------|---------|
| 0005                               | DCS Engineer Technician Services<br>FFP<br>Extesion of Services for six (6) months for Engineering Technician Support<br>Services for DCSENG Exercise Division<br>Each = Month<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: W90QKU8252A002 | 6        | Months | (b) (4)    | (b) (4) |
|                                    |                                                                                                                                                                                                                                               |          |        | NET AMT    | (b) (4) |
| ACRN AC<br>CIN: W90QKU8252A0020005 |                                                                                                                                                                                                                                               |          |        |            | (b) (4) |

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT  | INSPECT BY | ACCEPT AT   | ACCEPT BY  |
|------|-------------|------------|-------------|------------|
| 0001 | Destination | Government | Destination | Government |
| 0002 | Destination | Government | Destination | Government |
| 0003 | Destination | Government | Destination | Government |
| 0004 | Destination | Government | Destination | Government |
| 0005 | Destination | Government | Destination | Government |

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

| CLIN | DELIVERY DATE                     | QUANTITY | SHIP TO ADDRESS                                                                                                                                        | UIC    |
|------|-----------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 0001 | POP 28-SEP-2007 TO<br>27-SEP-2008 | N/A      | US ARMY SOUTH DCS<br>NICOLAAS DEGREEF<br>2450 STANLEY ROAD<br>BLDG 1000 ROOM 311<br>FORT SAM HOUSTON TX 78234-6102<br>210 295-6664<br>FOB: Destination | W90H3S |
| 0002 | POP 28-SEP-2007 TO<br>27-SEP-2008 | N/A      | (SAME AS PREVIOUS LOCATION)<br>FOB: Destination                                                                                                        | W90H3S |
| 0003 | POP 28-SEP-2007 TO<br>27-SEP-2008 | N/A      | (SAME AS PREVIOUS LOCATION)<br>FOB: Destination                                                                                                        | W90H3S |
| 0004 | POP 01-OCT-2008 TO<br>31-OCT-2008 | N/A      | (SAME AS PREVIOUS LOCATION)<br>FOB: Destination                                                                                                        | W90H3S |
| 0005 | POP 28-SEP-2008 TO<br>27-MAR-2009 | N/A      | (SAME AS PREVIOUS LOCATION)<br>FOB: Destination                                                                                                        | W90H3S |



## Section G - Contract Administration Data

## ACCOUNTING AND APPROPRIATION DATA

AA: 21720200000084221812101800000251258NHECW903YA72426001NEHC58096519

AMOUNT: (b)

CIN W903YA724260010002: (b)

CIN W903YA724260010003: (b)

AB: 21720200000084221812101800000251258NHECW903YA72426001NEHC58096519

AMOUNT: (b) (4)

CIN W903YA724260010001: (b) (4)

CIN W903YA72426001004: (b)

AC: 21820200000084221813519700000251258NHVFW90QKU8252A002NHVF58096519

AMOUNT: (b) (4)

CIN W90QKU8252A0020005: (b) (4)

Section I - Contract Clauses

CLAUSES INCORPORATED BY REFERENCE

|              |                                                |          |
|--------------|------------------------------------------------|----------|
| 52.222-41    | Service Contract Act Of 1965, As Amended       | JUL 2005 |
| 52.232-19    | Availability Of Funds For The Next Fiscal Year | APR 1984 |
| 252.222-7006 | Combating Trafficking in Persons               | OCT 2006 |
| 252.232-7010 | Levies on Contract Payments                    | DEC 2006 |

CLAUSES INCORPORATED BY FULL TEXT

52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 15 days of contract expiration.

(End of clause)

52.222-42 STATEMENT OF EQUIVALENT RATES FOR FEDERAL HIRES (MAY 1989)

In compliance with the Service Contract Act of 1965, as amended, and the regulations of the Secretary of Labor (29 CFR Part 4), this clause identifies the classes of service employees expected to be employed under the contract and states the wages and fringe benefits payable to each if they were employed by the contracting agency subject to the provisions of 5 U.S.C. 5341 or 5332.

THIS STATEMENT IS FOR INFORMATION ONLY: IT IS NOT A WAGE DETERMINATION  
Employee Class Monetary Wage-Fringe Benefits

|                                      |       |
|--------------------------------------|-------|
| 30040 - Civil Engineering Technician | 18.37 |
|--------------------------------------|-------|

(End of clause)

## Section J - List of Documents, Exhibits and Other Attachments

## Exhibit/Attachment Table of Contents

| DOCUMENT TYPE | DESCRIPTION                   | PAGES | DATE        |
|---------------|-------------------------------|-------|-------------|
| Attachment 1  | Performance Work<br>Statement | 17    | 19-SEP-2007 |